

POWER OF ATTORNEY WORKSHEET

AUTHORITY: 5 USC 552a (1974) Personal Data Privacy Act of 1974

PRINCIPAL PURPOSE: To utilize the worksheet form for final drafting of your Power of Attorney (POA)

ROUTINE USE: Information will be used by legal office personnel in the preparation of your POA.

THE INDIVIDUAL GIVING THE POA

NAME: _____ SSN: _____

GRADE OR STATUS (Active Duty, Family Member, or Civilian, etc.): _____

LEGAL RESIDENT OF: (State) _____ DUTY PHONE: _____

ADDRESS: _____

THE INDIVIDUAL RECEIVING THE POA

NAME: _____ GRADE (If Military): _____

PRESENT ADDRESS (Include Unit & APO): _____

THIS POWER OF ATTORNEY WILL REMAIN IN EFFECT UNTIL: _____
(1 year maximum unless it is a durable power of attorney)

I want this power of attorney:

- (1) to become effective immediately
- (2) to become effective immediately and expressly survive incompetence or disability (durable)
- (3) to become effective only in the event of such incompetence or disability (durable)

I want my Attorney-in-Fact to:

General: To have unlimited power over all of my legal affairs

Specific: Choose from the following:

_____ Cash checks (personal/any and all/other): _____ Bank Name _____

_____ To withdraw money from bank/credit union; _____
(Bank Name/Acct Number & Type)

_____ To ship/pick up/sell car (circle one): _____
(Year/ Make/ Model/ VIN Number)

_____ To operate, repair, maintain and register _____
(Year/ Make/ Model/VIN Number)

_____ To ship/receive my household goods/hold baggage (circle one or both)

_____ To authorize care for my child(ren) – medical/ loco parentis (circle one) (Name/ Birth Date) MO/DATE/YEAR

_____ To sign for/clear government quarters located at _____

_____ Other: _____